

COUNTY OF LOS ANGELES
COMMUNITY ACTION BOARD
PRIVATE SECTOR BOARD MEMBER
APPLICATION PACKET



PLEASE RETURN COMPLETED APPLICATION TO:

**Department of Public Social Services
Community Services Block Grant
Community Action Board
12860 Crossroads Parkway, South
City of Industry, CA 91746-3411
Attention: Hugo Giron, CAB Coordinator
(562) 908- 6327**



**COUNTY OF LOS ANGELES
COMMUNITY ACTION BOARD**

12860 CROSSROADS PARKWAY SOUTH, CITY OF INDUSTRY, CA 91746
(562)908-5715 FAX (562)699-2791



Sheryl L. Spiller, Director
Department of Public Social
Services

Lupe Gamez, Executive Director
Community Action Board

Dave Hall, Chair
Community Action Board

BOARD OF SUPERVISORS

HILDA SOLIS
MARK RIDLEY-THOMAS
SHEILA KUEHL
DON KNABE
MICHAEL D. ANTONOVICH

**COMMUNITY ACTION BOARD
APPLICATION
PRIVATE SECTOR REPRESENTATIVE**

Please indicate which area of the private sector you are applying to represent as a member of the Community Action Board (CAB):

☐ EDUCATION ☐ INDUSTRY ☐ BUSINESS ☐ WELFARE

☐ PRIVATE SOCIAL SERVICE GROUPS ☐ RELIGIOUS ☐ OTHER _____

As a Private Sector Representative, you will be the designated representative of a private sector organization, which MAY NOT be the recipient of any grants or contracts from the Department of Public Social Services (DPSS) or the County of Los Angeles. You MAY NOT be an employee of the County of Los Angeles; employee or relative of an employee of the California Department of Community Services and Development; officer, employee, or related to an employee of an organization receiving CSBG funds; employee of the CAA or the Federal Department of Health and Human Services (HHS).

Do any of the above statements apply to you or your organization?

☐ YES ☐ NO ☐ I DON'T KNOW, PLEASE HAVE STAFF VERIFY

If yes, please explain: _____

ORGANIZATION INFORMATION:

Name of Organization: _____

Address: _____ Zip Code: _____

Type of Business: _____

Contact Person: _____

Telephone Number: _____ Cell Phone: _____ Fax: _____

Email Address: _____

☐ Firm is a Private, Non-Profit Organization, **or** ☐ Firm is a Private, for-Profit Organization

☐ Firm has not been represented on County's CAB **or** ☐ Firm has been represented on the CAB since _____ (year)

REPRESENTATIVE INFORMATION:

First Name: _____ Last Name: _____

Address: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Supervisory District: _____

Age: 18-54 ☐

55 and over ☐

Have you had prior Community Services Block Grant (CSBG) experience? ☐ Yes ☐ No

If yes, with Los Angeles County? ☐ Yes ☐ No

Are you a resident of the County of Los Angeles? ☐ Yes ☐ No

Achievements: _____

Awards: _____

Honoraries: _____

COMMUNITY AFFILIATIONS:

Activities:

Groups:

Clubs:

Organizations:

County Commissions:

EDUCATION/WORK EXPERIENCE: Attach a copy of your resume and two letters of recommendation.

Briefly state the personal goals you would like to see accomplished by the CAB.

**LOS ANGELES COUNTY COMMISSIONERS COUNTY-RELATED
FINANCIAL DISCLOSURE QUESTIONNAIRE**

(This information is required by State law)

1. List all contracts entered into, bid on, or negotiated with the County, or any County Board, commission or committee either as an individual or by any business in which you or your immediate family owns directly, indirectly, beneficially, a ten percent interest or greater.

2. List each source of income aggregated more than \$250 during the last 12 months derived from real property that you or your family owns directly, indirectly, beneficially and is leased or rented by the County or is subject to regulation, in section, or enforcement authority of the County or of the Board, commission, or committee for which you are being considered for appointment.

3. List any source of income (aggregated more than \$250 during the last 12 months) that has regular transaction with any County agency, Board, committee or commission.

4. List all investments worth more than \$1,000 in entities in which you or your immediate family owns directly, indirectly, beneficially, a ten percent interest or greater, and provides or sells services or supplies utilized by the County or are subject to regulation, inspection or enforcement authority of the County or of the Board, commission, or committee for which you are being considered for appointment.

5. List the name of any businesses entity for which you were a director, officer, partner, trustee or employee for which you held any position of management that is the subject of any business transactions with the County or which is subject to regulation, inspection, or enforcement authority of any County agency or by the Board, commission or committee for which you are being considered for appointment.

TITLE: LOS ANGELES COUNTY COMMUNITY ACTION BOARD

AUTHORITY: The Board of Supervisors authorized the establishment of the Community Action Board effective, April 23, 1980. (Board Order No. 107 of December 18, 1979).

CAB RESPONSIBILITIES: Participate actively in the development, planning, implementation and evaluation of programs funded by the Community Services Block Grant (CSBG). Review policies relating to program monitoring and accountability of the Community Action Agency (CAA), and recommend to the Board of Supervisors the adoption of such changes of policies as it may deem necessary and desirable. Present to the Board of Supervisors recommendations on all major program issues (including, but not limited to, anything that may require the Governing Body's approval, such as legislation); establish annual program priorities; review and approve annual plans for the conduct of the program.

NUMBER OF MEMBERS: Fifteen, as follows:

- a. Five representatives of the public sector.
- b. Five representatives of the private sector.
- c. Five representatives of the low-income sector.

MEMBER RESPONSIBILITIES: Members must be willing and available to commit the time and effort to focus on the duties and responsibilities of the CAB, as outlined in the by-laws. Participate in committees, monthly regular CAB meetings, and special meetings. Serve as a volunteer with no compensation. Comply with any state or local regulations on conflict of interest as applicable, and sign any required conflict of interest forms such as the Statement of Economic Interest.

APPOINTMENTS: Appointments are as follows:

Representatives of the public sector

Are selected by the Board of Supervisors and serve at the pleasure of the Board of Supervisors.

Representatives of the private sector

Are selected by the membership of the Los Angeles County Community Action Board and may serve for five years and can be reappointed to serve another five years, up to a maximum of ten years.

Representatives of the low-income sector

Selected in accordance with democratic procedures that ensure representation of people in poverty in each Supervisorial District. May serve for five years and can be reappointed to serve another five years, up to a maximum of ten years.

SELECTION PROCEDURES:

- a. Five (5) representatives of the private sector shall be selected by the members of the CAB from a list of organizations broadly representing the community in the following areas: education, business, industry, labor, private social service groups, religious, welfare and other major groups and interests in the community. Eligible candidates shall be required to submit a resume. Alternates will be chosen at the same time and same manner as the representatives.

- b. The Nominations Committee shall screen and interview candidates, and make recommendations to the Board on their qualifications.
- c. Candidates must be willing and available to commit the time and effort to focus on the duties and responsibilities of the CAB, as outlined in the by-laws.
- d. The CAB shall select representatives and alternates. Alternates shall have no vote and may attend CAB subcommittee meetings and shall only serve as voting members in absence of regular members. In the event of absence, removal or resignation of the regular member, the alternate shall serve the balance of the term as a regular member. An alternate will be selected to fill the vacated alternate seat.

CERTIFICATION:

I certify that the information provided in this application is true and correct to the best of my knowledge.

Print Name

Signature

Date